

## ENERGY AND NATURAL RESOURCES

Mr. BURNS. Mr. President, today I join Senators DOMENICI, BINGAMAN, TALENT and DORGAN in sponsorship of legislation instructing the Secretary of the Interior to develop an oil and gas leasing program for Lease Area 181, located 100 miles off the coast of Florida in the Gulf of Mexico.

As oil and natural gas prices continuously increase, many Americans, especially Montanans, are feeling the strain of increased prices for energy use in their homes and businesses. Montana ag producers are particularly hard hit because the costs of fuel and fertilizer have skyrocketed. While I strongly support the idea of renewable energies, it will take years of research and development before there are practicable and affordable alternatives to oil and natural gas. Development of the American-owned offshore Lease Area 181 would provide nearly 5 trillion cubic feet of natural gas as a near term solution for our country's growing energy needs. That amount would be enough to heat 5 million homes for 15 years.

In order to strengthen American energy security, it is our obligation to use our own domestic resources whenever we can. Offshore drilling has proven to be a safe, reliable, and valuable technology for oil and gas production. Lease Area 181 is a phenomenal resource, and time after time in energy committee hearings when we ask expert witnesses for their opinions on how to best stabilize and lower natural gas prices, the answer is, "Open Lease Area 181." It is not the entire answer to our energy challenges, but it is an important step forward. I applaud the leadership of the chairman and ranking member of the Energy and Natural Resources Committee for acting on this important issue. Next, I hope we examine the potential for additional onshore resource development. I come from an energy producing state, and I can tell you, without reservation, that Montana stands ready to serve the energy needs of this country. We have oil, natural gas, more coal than any other state, and a great potential for wind energy.

I am confident that my fellow Senators will see the value in providing a supply of affordable energy from our domestic resources, and hope the Senate acts quickly on this important legislation.

## LOCAL LAW ENFORCEMENT ENHANCEMENT ACT OF 2005

Mr. SMITH. Mr. President, today, I speak about the need for hate crimes legislation. Each Congress, Senator KENNEDY and I introduce hate crimes legislation that would add new categories to current hate crimes law, sending a signal that violence of any kind is unacceptable in our society. Likewise, each Congress I have come to

the floor to highlight a separate hate crime that has occurred in our country.

On January 11, 2006 in Stuart, FL, two men allegedly beat and robbed John Sprunger, a mentally handicapped man for \$150. Earl Shanks called his friend Raymond Lee Dawson to the home of the victim, after trying to get Sprunger to give him money. When Dawson entered the home, he pistol-whipped Sprunger, and, assisted by Shanks, got his wallet before both men left the trailer.

I believe that the Government's first duty is to defend its citizens, to defend them against the harms that come out of hate. The Local Law Enforcement Enhancement Act is a symbol that can become substance. I believe that by passing this legislation and changing current law, we can change hearts and minds as well.

## RECOGNITION OF TOBEY SCHULE

Mr. BAUCUS. Mr. President, I rise today to recognize Mr. Tobey Schule, of Kalispell, MT, for his valuable testimony today before the Senate Finance Committee.

The Senate Finance Committee played a key role in enacting Medicare drug benefits. We must be diligent in overseeing their implementation. In 2003, after years of debate, Congress added prescription drug coverage to Medicare. I was proud to help pass that law. The law was not perfect. But it has the potential to do some good.

The Medicare drug bill has the potential to make prescription drugs available to millions who could not otherwise afford them. It has the potential to make drugs available that will lessen pain. It has the potential to save lives.

Unfortunately, the administration has implemented the new law poorly. After Congress passed the law, the Centers for Medicare and Medicaid Services—CMS—had the duty to ensure that Medicare drug benefits were up and running by January 1, 2006. I appreciate CMS's efforts to implement the new law. It is a huge task. CMS worked hard. But CMS's efforts have come up short, in two major areas.

First, CMS made the new drug benefit needlessly confusing.

As part of the new law, Congress passed a temporary drug discount card, available in 2004. The card was supposed to give temporary relief from high drug costs. Seniors of modest means were eligible for a \$1,200 Federal subsidy for their drug purchases.

But most Medicare beneficiaries did not sign up for the drug card. Why? They were paralyzed by the choices. CMS approved 40 Medicare drug cards in my State of Montana alone. Instead of celebrating their choices, most seniors in my State decided not to sign up.

Less than a year later, CMS was approving drug plans for the new drug benefit. I urged CMS not to repeat the mistakes that they made with the drug

card. I urged CMS to approve only plans meeting the highest standards.

But CMS repeated the mistakes of the drug card. CMS approved dozens of plans for participation in the new drug program. CMS approved more than 40 drug plans in Montana. I support choice, competition, and the free market. It is great that Americans can choose from hundreds of different models when buying a new car. But when people don't know what they are buying, choice can lead to confusion. That is particularly true of health care.

Ask elderly Americans whether they prefer a four-speed automatic or a five-speed manual, and they will probably choose the automatic. Ask them whether they prefer a drug plan with a four-tiered formulary to a plan with five, and they will probably look at you with a mixture of confusion and anger.

My second concern relates to the warnings that CMS ignored. Last year, I asked the independent Government Accountability Office to report on CMS's plans for seniors eligible for both Medicaid and Medicare. I asked: What were CMS's plans for seniors whose drug coverage was moving from Medicaid to Medicare? In December 2005, GAO reported that CMS's plans were insufficient to avoid big disruptions in coverage.

CMS disagreed. CMS said: "[We have] worked diligently on the transition from Medicaid to Medicare drug coverage . . . and . . . these individuals will get effective, comprehensive prescription drug coverage . . . on January 1, 2006."

That did not happen. GAO was right. Data systems failed. Pharmacists and States were stuck with the bill for copays that should never have been charged. And some vulnerable seniors left the pharmacy without the medicines that they needed.

Today the Finance Committee heard from Tobey Schule, an independent pharmacist from Kalispell, MT. Mr. Schule is one of thousands of pharmacists who have been burdened with the failed transition from Medicaid to Medicare. I will ask that his testimony from today's hearing be submitted in the CONGRESSIONAL RECORD, next to my remarks.

Last month, Secretary Leavitt and Doctor McClellan briefed members of this committee on problems implementing the new drug program. They outlined seven specific problems. And they outlined plans to fix them. I appreciate CMS's attempts to fix the problems. But some problems remain unsolved. Dr. McClellan, I look forward to hearing how and when CMS plans to fix the problems.

In addition to ensuring that the implementation flaws are fixed, Congress should also address the problem of confusion. We can do that by learning the lessons of Medigap. In 1980, Congress enacted amendments that I offered to fix marketing abuses and consumer confusion with Medigap. The reforms